and thoughtfulness. There are 375 references (many carefully annotated) and 22 case histories to highlight various ethical dilemmas.

Of course, like everything else, the more the subject is studied, the more difficult and complex it becomes. Attempting to classify different kinds of paternalism, Childress suggests that paternalism may be hard or soft, active or passive, pure or impure, restricted or extended, direct or indirect, and so on, until we are in danger of getting bogged down in sterile analysis and endless escape clauses designed to allow for occasional (or not so occasional) exceptions to general ethical principles.

The subject is difficult, emotive and opportunities replete with misunderstanding - due partly to semantic difficulties. Even so, it is not easy to see exactly where Professor Childress stands with regard to paternalism, nor when he is content whisper it softly - to leave matters to the discretion of the individual doctor. In the final sentence of his preface, for example, he states 'Our acts, policies and practices in health care should express care and concern on the one hand, and respect for persons on the other - in short, limited or constrained paternalism'. Amen to that. Would that all our critics held the same enlightened view. Yet at times you get the feeling he is taking quite a different view. For example, 'Nowhere is paternalism more rampant than in the care of patients who are terminally ill or dying'. And when discussing how 'paternalism' is to be defined, he insists on including in his definition, 'a refusal to acquiesce in a person's wishes, choices or actions . . . '. This puzzles me. Try as I might, after reading the whole book carefully I was still unable to understand why this alarming idea of going against the patient's wishes should be included in the definition of something that he approves of, provided it is 'limited or constrained'. How limited? How constrained? It seems that when the chips are down, we are still stuck with our old friends. compassion. compromise and common sense.

THURSTAN B BREWIN
Institute of Radiotherapeutics and
Oncology, Glasgow.

## Medicine, Morals and the Law

Sheila McLean and Gerry Maher. England, Gower, 1983. £12.50, hardback It is a promising idea for a medical person and a legal person, both interested in moral issues, to get together and produce a collection of joint essays on morals, ethics, medical science, law and practice. Medico-legal matters ought wherever possible to be dealt with in such an interdisciplinary manner.

The authors examine many contemporary issues, and offer a number of opinions and conclusions. When does life begin, they ask, at fertilisation, at implantation, or when? Is it satisfactory that in abortion neither the mother nor the child nor the father appear to have any legal 'rights'? Euthanasia (in so far as it takes place) and switching off the life support machine are matters best left to the decision of the individual doctor, the authors believe and should not be regulated by law. In view of the desirability of autonomy and of the choice inhering in the patient, as a dignified human being, he should always be informed of the facts of his situation, thev maintain. And experimentation is necessary for medical advance, but should be limited by the principle of utilitarianism. The authors believe sterilisation and contraception should be a matter for the individual, who should be entitled to control his or her capacity for reproduction. The answer to the flood of negligence actions is to seek to improve mutual patient-doctor trust. Patients expect too much; the standard imposed by the law upon doctors is too low. And, the authors conclude. decision-taking in medicine relies too heavily upon technical remedies rather than preventive medicine.

This book is interesting, readable, quite well documented, and seeks to propound theoretical and viable principles for resolving medico-legal problems, principally those of a moral or ethical character. The 'solutions' offered are not terribly consistent nor profound. They sometimes give the impression of compromise, and they sometimes seek to evade the moral and ethical issues. But they undoubtedly make a contribution to knowledge and thinking and understanding.

The text is a modern typescript reproduction, with unjustified pages, not a bad production of its kind, but not comparable to the printed page.

ALEC SAMUELS Faculty of Law, University of Southampton.

## Law and Ethics in the Medical Office

Marcia A Lewis and Carol D Warden. Philadelphia, F A Davis Co, 1983. £11.20 paperback.

Some books from the United States require translation; this book requires translocation. The form and content of this manual would make it very useful for medical secretaries and receptionists if only it dealt with the topics as they might apply to medical practice in the United Kingdom.

The book is divided, perhaps arbitrarily, into two equal sections: one dealing with the law, the other with ethics. In the medical office the legal implications of employment and bookkeeping are as important as the medicolegal aspects of consent, confidentiality and litigation. The section on ethics, as we might expect, covers the history of ethical codes and discusses the features and constraints when considering action in abortion, sterilisation and euthanasia. The form is attractive. I admit to a liking for statements of learning objectives and each chapter of this book opens with a summary of the knowledge which should be absorbed by the reader on completing the chapter. The function of this book as a teaching aid and instruction manual is enhanced by the discussion questions posed at the end of each chapter.

Both the legal and ethical sections can be adversely criticised. Although some aspects of the two sections are common to medical practice on both sides of the Atlantic, the differences become distracting. The details given about fee collecting are irrelevant and, of course, the names of the posts and duties in the US medical office are strange to us. However, I commend the form and layout used in this book, the clear definitions of various terms in law and ethics and the easy access to references within the text as well as for further reading.

The experience of one of the writers as a patient seems to have initiated this publication and may explain the proper preaching it contains to all medical office staff of the need for real caring as well as sensitivity to patients' feelings. References are made to the American Association of Medical Assistants and I know the Association of Medical Secretaries in the United Kingdom has established link with this organisation. Although this US publication will be of little use to the staffs in health centres and hospitals in

this country, the link between these organisations may, one hopes, produce a sister publication as a training manual and reference source for UK practice.

> W G DUNCAN MURRAY Medical Protection Society, 50 Hallam Street, London.

## Law and Medical Ethics

J K Mason and R A McCall Smith. London, Butterworths, 1983. £13.50 hardback, £8.50 soft cover.

The authors of this excellent handbook are a professor of forensic medicine and a lecturer in law. The book is designed primarily for lawyers and the emphasis is laid on what the law is in relation to the ethical problems of modern medicine and today's society. In addition the ethics of the medico-legal problems are explored and the book will appeal also to doctors and other health professionals. The lawyer will at once feel at home because the format includes a table of statutes and a list of cases and also because the references are all in legal style. The doctor will be less familiar with these aspects and may sometimes not have ready access to the legal volumes. On the other hand there is in most cases sufficient detail in the text to give the gist. The emphasis is on English law but account is taken of Scots law and of legal decisions taken in the Commonwealth and in the United States

Practice of new techniques usually precedes the law and therefore there is often no definitive law to guide the pioneer. This is inevitable and in most cases desirable but it does mean that the doctor has to work in an atmosphere of legal uncertainty. In each example the authors appraise the present situation, predict the future and often suggest alternatives of possible legislation. The UK law as set out in the book is stated as correct as of September 1982.

Lawyers and other non-medicals will find helpful the brief review of medical history and of the composition and functions of medical organisations. The introductory chapter stresses that the law is there to protect people from improper use by doctors of clinical autonomy and paternalism but that fear of the law leads to defensive medicine. Thereafter nearly a third of the book is devoted to the various aspects of reproductive medicine. The other groups of chapters are on medical practice (which includes confidentiality, consent, negligence and dilemmas in treatment), death (a very sensitively written section), research and experimentation and psychiatry and the law.

Just as for the lawyer there are simple summaries of medical conditions, so other readers will find particularly helpful the descriptions of the origins of laws, the expositions on the logic of these origins in earlier societal codes, and arguments as to whether existing laws are still appropriate.

In the section on the newborn, the authors have coined a new word neonaticide - and, having set out very plausible arguments as to neonaticide should be more logical than abortion, they conclude that 'such a concept is abhorrent and intolerable'. After a good discussion on whether or not legislation is desirable, the authors offer a single clause bill which would cover the circumstances exemplified by the Arthur case. On confidentiality one might have hoped for more on relations with the police. Negligence is well covered but the influence in the United States of contingency fee arrangements might have been mentioned as a warning to lawyers.

The book may be intended for lawyers but doctors and others concerned with health care often have difficulty in finding the exact legal position in relation to their ethical dilemmas and for them this work meets an important need and is to be widely welcomed not only for its legal authority but for some valuable discussions on the logic and origin of certain ethical stances. It is an important and constructive addition to the literature.

A S DUNCAN Emeritus Professor of Medical Education, University of Edinburgh.

## **Special Care for Babies** in Hospital

Priscilla Alderson. London, National Association for the Welfare of Children in Hospital, 1983. £2.00, including postage.

Over the last decade paediatric medicine has seen the establishment of the new sub-specialty of neonatology. It concerns the care of extremely low birthweight and preterm babies and it places the neonatologist in the Special Care Baby Unit (SCBU) a world of incubators, probes and pumps, and flashing/bleeping monitors, with somewhere beneath it all a minute baby weighing perhaps 800 grams. As skills have developed and books have been written emphasis has been laid on the physiological aspects of care, with regard to respiratory and nutritional support, and the management of infection and metabolic disturbances. This book aims to redress the human balance by exploring the broader interests of the infant and the family of which he or she has become a part. It will be of interest from two main viewpoints - firstly as a mine of background information for parents, lay supporters and administrators; and secondly as a stimulus to the medical and nursing professions to aim for the goal of family-centred care in their own units. It has been written by a former chairman of the National Association for the Welfare of Children in Hospital (NAWCH). She initially describes the historical development of special and intensive neonatal care, and goes on to outline current practice and organisation, and the effect their establishment has had on morbidity and mortality. There are chapters on the baby's viewpoint, and on the structure and training of the medical and nursing teams with comment on the stresses under which they work. An extensive discussion follows on the role of parents in the Special Care Team and the impact on them of encounters with various aspects of the work of Special Care Baby Units. A useful section lists pertinent questions that should be asked by anyone wishing to evaluate the function of a particular unit. The book is well referenced and indexed, the practical detail provided is illustrated by the inclusion of sources of clothes suitable for preterm babies, and there is a whole page of addresses of self-help and fund-raising organisations.

Perhaps there is now an additional question to be asked when visiting a neonatal nursery: Does it have a copy of this book, and if not why not?

> MARTIN BRUFTON Senior Lecturer in Child Health Westminster Children's Hospital.